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CONFIRMATION NO. 5517

SERIAL NUMBER 10/803,392	FILING OR 371(c) DATE 03/18/2004 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 6006-146
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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/455,783 03/19/2003 *[initials]*

**** FOREIGN APPLICATIONS *******
None *[initials]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/03/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>[Signature]</i> Examiner's Signature	STATE OR COUNTRY TX	SHEETS DRAWING 7	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
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TITLE
 Endoluminal stent having mid-strut interconnecting members

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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